



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH JAY HOSPITAL

City of Hospital: Portland

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1320

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9936458
Outpatient Patient Service Revenue	\$54999720
Total Gross Patient Service Revenue	\$64936178

2. Deductions From Revenue

Contractual Allowance	\$-34646851
Other Deductions	\$-1899076
Total Deductions	\$-36545927

3. Total Operating Revenue

Net Patient Service Revenue	\$32188403
Other Operating Revenue	\$5523166
Total Operating Revenue	\$37711569

4. Operating Expenses

Salaries and Wages	\$10787567	Employee Benefits	\$3406976
Depreciation and Amortization	\$3017075	Interest Expense	\$0
Bad Debt	\$2549133	Other Expenses	\$21866252
Total Operating Expenses	\$41627003		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3915434	Total Assets	\$29296496
Net Non-operating Gains over Loss	\$-48849	Total Liabilities	\$29296496

Total Net Gains	\$-3964283
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$28339633	\$13021591	\$15318042
Medicaid	\$12603220	\$7875978	\$4727242
Other Government	\$557462	\$490086	\$67376
Other State	\$0	\$0	\$0
Other Payers	\$23435863	\$13909253	\$9526610
Total	\$64936178	\$35296908	\$29639270

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$197	\$-197

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$29545	\$-29545
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1797035
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1086128	
HCI Payments	\$0		
Subtotal	\$0	\$1086128	\$-1086128
Medicaid Shortfalls	\$3135867	\$9511969	
Subtotal	\$3135867	\$10598097	\$-7462230
DSH Payments	\$0		
Subtotal	\$3135867	\$10598097	\$-7462230
Medicare Shortfalls	\$11033929	\$11083903	
Other Government Programs	\$0	\$0	
Total	\$14169796	\$21682000	\$-7512204

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$11352497	\$12754937	\$-1402440
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//